938-0500 PDFCV242

Agency for International Development Washington, D.C. 20523

AUG 27 1991

Save the Children Federation, Inc. 54 Wilton Road P.O. Box 950 Westport, CT 06881

Attn: Mr. Matthew A. Landy

Subject: Grant No. PDC-0500-G-00-1077-00

Dear Mr. Landy:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby grants to Save the Children Federation, Inc., hereinafter referred to as "SCF" or "Grantee") the sum of \$444,793. This funding is provided as support for SCF's proposal dated August 9, 1991 entitled "Grant for the Reduction of Infant and Child Mortality" which is hereby incorporated by reference into this Grant, and which is more fully described in Attachment 2 to this Grant, entitled "Program Description."

This Grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of project objectives during the period from September 30, 1991 to September 29, 1994. Funds disbursed by A.I.D., but uncommitted by the Grantee at the expiration of this period, shall be refunded to A.I.D.

This Grant is made to SCF on the condition that the funds will be administered in accordance with the terms and conditions as set forth in this cover letter, Attachment 1, entitled "The Schedule," Attachment 2, entitled "Program Description," Attachment 3, entitled "Standard Provisions," Attachment 4, (not applicable), and Attachment 5, entitled "Special Provision 40.1. which have been agreed to by your organization constitute the complete Grant agreement.

The total estimated amount of A.I.D. support is \$500,000, of which \$444,793 is hereby obligated. A.I.D. shall not be liable for reimbursing the Grantee for any costs in excess of the obligated amount.

Please sign the original and all copies of this letter to acknowledge your receipt of the Grant, retain one set for your files, and return the original and remaining copies to the undersigned.

Sincerely,

Edward H. Thomas

Edward H. Thomas Grants Officer Washington Division Office of Procurement

Attachments:

- 1. The Schedule
- 2. Program Description
- 3. Standard Provisions
- 4. Not applicable
- 5. Special Provision 40.1

ACKNOWLEDGED:

SCF

BY: Notte a. Landy

Title: Vice President and Secretary

Date: 9/9/91

FISCAL DATA

PIO/T(s) :1385012

Appropriation :72-1111021.7

Allotment :147-38-099-00-76-11 Budget Plan Code :EDCA-91-13810-KG11

Obligated Amount(s) :\$444,793
Total Obligation(s) :\$444,793
Total Grant Amount :\$500,000
Unobligated :\$55,207

DUNS NO. : 072129919
TIN : 060726487
Letter of Credit No. : 72-00-1351
Technical Office : FVA/PVC/CSH

THE SCHEDULE

ARTICLE A - PURPOSE OF GRANT

The purpose of this Grant is to provide support for SCF's program as more fully described in its proposal dated August 9, 1991 which is incorporated by reference into this Grant, and in Attachment 2 to this Grant.

ARTICLE B - PERIOD OF PERFORMANCE

The effective date of this Grant is the date of the Cover Letter and the expiration date is September 29, 1994; funds obligated hereunder are authorized for program expenditures during the period of September 30, 1991 to September 29, 1994; the effective period.

ARTICLE C - AMOUNT OF GRANT AND PAYMENT

- A.I.D. hereby obligates the amount of \$444,793 for the purposes of this Grant. A.I.D. shall not be liable for reimbursing the Grantee for any costs in excess of the obligated amount.
- 2. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 - Additional Standard Provision Number 1, entitled "Payment - Letter of Credit."
- 3. The total estimated cost of this project is \$666,350 as described per SCF's letter of August 9, 1991, of which A.I.D. is providing \$500,000.

ARTICLE D - FINANCIAL PLAN

1. FVA/PVC/CSH is contributing \$500,000 to provide support to it's program and the budget breaks down as follows:

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BUDGET SUMMARY BY LINE ITEM

YEARS	One (1)		TWO (2)		THREE (3)	
	AID	PVO	AID	PVO	AID	PVO
Salaries	46,909	21,808	49,847	23,622	52,922	25,044
Fringe	13,936	8,069	14,868	8,753	15,851	9,354
Overhead	26,636	0	25,871	. 0	25,553	0
Travel	34,350	450	36,700	500	39,994	550
<u>ODCs</u>	<u>48,780</u>	47,500	38,430	9,370	29,354	11,330
TOTAL	170,611	77,827	165,716	42,245	163,674	46,278

TOTALS AID **PVO** Salaries 149,676 70,474 Fringe 44,656 26,176 Overhead 78,060 Travel 110,044 1,500 ODCs 116,564 <u>68,200</u> TOTAL 500,000 166,350

Total Amount to be Funded by A.I.D:\$500,000 Total Amount Funded by Grantee :\$166,350 Total Amount of Project :\$666,350

2. Inclusion of any cost in the budget of this Grant does not obviate the requirement for prior approval by the Grant Officer of cost items designated as requiring prior approval by the applicable cost principles (see the Mandatory Standard Provision of this Grant set forth in Attachment 3 entitled "Allowable Costs") and other terms and conditions of this Grant.

ARTICLE E - REPORTING AND EVALUATION

1. Financial Reporting

- a. Financial reporting requirements shall be in accordance with the Additional Standard Provision of the grant entitled "Payment Letter of Credit", as shown in Attachment 3.
- b. The original and two copies of all financial reports shall be submitted quarterly to:

A.I.D.
Office of Financial Management
FA/FM/CMPD/DC
Room 700, SA-2
Washington, D.C. 20523-0209.

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In addition, two copies of all financial reports shall be submitted to the A.I.D. Project Office specified below, one copy for the Project Officer and the other copy for the official grant file in Operations Support Division.

FVA/PVC/CSH
Room 103C SA-2
A.I.D.
320 21st Street, N.W.
Washington, D.C. 20523-0008
(1) Attn: Ms. Susan Morawetz (or)
(2) Attn: Ms. Emilita Jefferson
Phone: (202) 663-2635

2. Program Performance Reporting

a. The Grantee shall submit quarterly progress reports, and a final report. These reports should document progress vis-a-vis program objectives, problems encountered, corrective procedures that were followed, significant program development during the period, and projected accomplishments for the coming quarter. Two copies of each program performance report should be submitted to FVA/PVC/CSH.

Notes: At the time all required reports are submitted by the PVO to FVA/PVC, a copy should simultaneously be sent to the A.I.D. Mission in each respective country.

Additionally, all work to be charged to this agreement, including preparation of final reports, must be completed prior to expiration of this grant.

(1) ANNUAL REPORT: Five copies of the Annual Report will be submitted to the AID/FVA/PVC Project Officer by October 15 of each year of the program; the first report is due October 15, 1992. The annual report should follow the annual report guidelines and should summarize inputs, outputs, progress to date, constraints, and highlights from the preceding year. The Report should also include reporting on the standard A.I.D. indicators for ORT, immunization and growth monitoring and nutrition interventions which are required of all programs receiving child survival funding. For these child survival projects, a mid-term evaluation report will replace the 2nd annual report.

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The ANNUAL REPORT will also include the "USAID Health and Child Survival Project Questionnaire." This must be completed each year of the grant (including the final year) and for each PVO-funded CS project. Other A.I.D.-funded grants, such as OPGs, should be identified if there is a relationship of that grant to this grant supported program.

During the life-of-program, program monitoring and information on a country-specific basis will be included in the annual reporting system. Field reports prepared by the recipient's regional and technical specialists, as well as FVA/PVC consultants will also be included in the ANNUAL REPORT.

- (2) INTERIM REPORTING: Prior to the required final performance reporting date, events may occur that have significant impact upon the program outcome. In such instances, the Recipient shall inform in writing the Grant Officer and the AID/FVA/PVC Project Officer as soon as the following types of conditions are known:
 - (a) Problems, delays or adverse conditions that will materially affect the ability to attain program objectives, prevent the meeting of time schedules, and goals, or preclude the attainment of program work activities by the established time period. This disclosure shall be accompanied by the statement of the action taken, or contemplated, and any assistance needed to resolve the situation.
 - (b) Favorable developments or events that enable time schedules to be met or work activities to be performed sooner than originally projected, resulting in an earlier than planned project completion date.
- (3) MID TERM EVALUATION: A mid-term project evaluation will be scheduled in collaboration with A.I.D. The Recipient should work closely with the FVA/PVC Project Officer to plan for this evaluation including scheduling participants. The results of this evaluation will be submitted to FVA/PVC as a mid-term evaluation report in accordance with mid-term evaluation report guidelines provided by FVA/PVC. (NOTE: with prior A.I.D. written approval an annual report may take the place of a mid-term evaluation for expansion grants.)

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- (4) FINAL EVALUATION: A final independent evaluation in collaboration with A.I.D. will be carried out in the final year of the program to evaluate program effectiveness and impact. This final evaluation must be completed prior to the expiration date of the agreement, in accordance with final evaluation guidelines provided by FVA/PVC. The final evaluation will be submitted to A.I.D. as part of the final report as explained below.
- (5) FINAL REPORT: No later than 90 days after the expiration of the Grant period (see ARTICLE B above), a FINAL REPORT following PVC final report guidelines and including items specified by the project officer is due. The FINAL REPORT includes but is not limited to, the findings of the FINAL EVALUATION. The Final Report should follow the final evaluation guidelines, and items specified by the Project Officer. Five (5) copies will be submitted to the AID/FVA/PVC Office as specified in ARTICLE E.1.b. above. The final report will cover all information shown in ARTICLE E.2 above.

(NOTE: The A.I.D. Child Survival and Health Reporting Schedule must be submitted as part of the final report as well as a full financial report including a complete pipeline analysis.)

- b. The reports should briefly present the following information:
 - (1) A comparison of actual accomplishments with the goals established for the period. If the output of programs or projects can be readily quantified, such quantitative data should be related to cost data for computation of unit costs.
 - (2) Reasons why established goals were not met.
 - (3) Analysis and explanation of actual costs versus budgeted costs.
 - (4) Other pertinent information including, when appropriate, analysis and explanation of cost overruns.
- c. If any performance review conducted by the Grantee discloses the need for change in the budget estimates in accordance with the criteria established in the Standard Provision of this grant entitled "Revision of Grant Budget" or by ARTICLE D.2. of this Schedule, the Grantee shall submit a request for budget revision.

ARTICLE F - SPECIAL PROVISIONS

- 1. For purposes of this grant, reference to "OMB Circular A-122" in the Mandatory Standard Provisions of this grant shall include the A.I.D. implementation of such Circular, as set forth in subpart 731.7 of the A.I.D. Acquisition Regulations (A.I.D.A.R.) (41 CFR Chapter 7).
- 2. The Additional Standard Provisions, appended hereto as Attachment 3, applicable to this grant are marked with an "x".
- 3. The geographic code for procurement of goods and services is as prescribed under Additional Standard Provision of the grant entitled "Eligibility Rules for Goods and Services Payment", as shown in Attachment 3.
- 4. Conflicts between any of the Attachments of this Grant shall be resolved by applying the following order of precedence:

Attachment 1 - Schedule

Attachment 2 - Program Description

Attachment 3 - Standard Provisions

- 5. Closeout Procedures (OMB Circular A-110)
 - a. This paragraph prescribes uniform closeout procedures for AID grants.
 - b. The following definitions shall apply for the purpose of this paragraph.
 - 1) <u>Closeout</u>. The closeout of a grant is the process by which AID determines that all applicable administrative actions and all required work of the grant have been completed by the recipient and AID.
 - 2) <u>Date of completion</u>. The date of completion is the date on which all work under grants is completed or the date on the award document, or any supplement or amendment thereto, on which AID sponsorship ends.
 - 3) <u>Disallowed costs</u>. Disallowed costs are those charges to a grant that AID or its representative determines to be unallowable, in accordance with the applicable Federal cost principles or other conditions contained in the grant.
 - c. AID closeout procedures include the following requirements:
 - 1) Upon request, AID shall make prompt payments to a



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recipient for allowable reimbursable costs under the grant being closed out.

- 2) The recipient shall immediately refund any balance of unobligated (unencumbered) cash that AID has advanced or paid and that is not authorized to be retained by the recipient for use in other grants or cooperative agreements.
- 3) AID shall obtain from the recipient within 90 calendar days after the date of completion of the grant all financial, performance, and other reports required as the condition of the grant. AID may grant extensions when requested by the recipient.
- 4) When authorized by the grant, AID shall make a settlement for any upward or downward adjustments to AID's share of costs after these reports are received.
- 5) The recipient shall account for any property acquired with AID funds, or received from the Government in accordance with any provisions of this grant.
- 6) In the event a final audit has not been performed prior to the closeout of the grant, AID shall retain the right to recover an appropriate amount after fully considering the recommendations on questioned costs resulting from the final audit.
- 6. Countries: The following country is approved for direct in-country program support under this Agreement: NEPAL

Other countries may be approved during the period of the Agreement only with the express written approval of AID/FVA/PVC.

The recipient will carry out the following activities:

- a. Submit a <u>Detailed Implementation Plan</u> (DIP) for each country program by April 1, 1992, in accordance with FVA/PVC guidelines. Illustrative guidelines are available from FVA/PVC and will be furnished to you in the fall of 1991.
- b. This implementation plan should include a description of how the various child survival interventions will be evaluated and should clearly define: (a) the objectives and outputs that each program will be held accountable for; (b) the specific indicators that will be used to measure program success in reaching objectives and outputs; (c) mechanisms for collecting data, i.e. surveys, sentinel systems, etc.; and (d) manpower and other resources needed for carrying out monitoring and evaluation activities with a revised budget. The DIP should include scheduled reports, internal and external evaluations, and line item budgets.

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Develop/adopt a program-specific Health Information System, responsive to needs of field programs and headquarters and be able to provide A.I.D. with information for tracking program performance. This system should be described in the first year progress report.

ARTICLE G - INDIRECT COST RATES

Pursuant to the Additional Standard Provision of this grant entitled "Negotiated Indirect Cost Rates - Provisional", the allowable indirect costs under this Grant Number PDC-0500-G-00-1077-00 shall be obtained by applying the provisional indirect cost rate to the base agreed upon by the Grantee and A.I.D. The following indirect rate agreed to by the Grantee shall be the billing rate used during the full period of performance of this Grant, as set forth in ARTICLE B above.

INDIRECT COST RATES

MVDE

TYPE	RATE	APPLICABLE TO
Provisional	18.5	Modified total direct costs excluding cost of goods sold, fixed assets, freight/A.I.D., interest, grants to other organizations, currency conversion and subgrants/subcontracts \$25,000 and over.

ATTACHMENT TWO (2)

GRANT NO. PDC-0500-G-00-1077-00

PROGRAM DESCRIPTION

FOR

NEPAL (PAGES 4)

SUMMARY DESCRIPTION OF PROJECT

The Nepal Field Office of Save the Children proposes to strengthen MOH child survival activities in Ilakas 4 and 5 of Siraha District of the Eastern Development Region of Nepal. The target population of 94,754 persons includes 15,297 children under five years of age (3,185 children under one) and 20,863 women between the ages of 15 and 45. Save the Children would work with the Golbazar and Nainpur Health Posts and seek to replicate PHC lessons learned from ten years of community development experience in Nepal.

The project will emphasize the role of the female CHVs and mothers groups in training families. Key interventions include: *Diarrheal Disease Management, with emphasis on ORT, continued feeding, appropriate referral and training on personal hygiene and sanitation; *Immunization, support the local health structure through trainings and guidance in program planning, outreach immunization, clinic management and cold chain maintenance; *Growth Monitoring and Nutrition, support the MOH to identify and follow-up at risk children; *Maternal Health, assist the MOH to provide refresher trainings to TBAs, and assist CHVs and mothers groups to identify high risk women and have them seek antenatal care and increase their use of contraceptives; *Literacy Training for women's groups and CHVs focussed on *ARI, assist the MOH train families in an early recognition system; and *Health Education, including materials development.

The goal of the project is to reduce infant and child mortality in Ilaka 4 and 5 of Siraha District through strengthening of the MOH system and mobilization of the community.

Some key objectives include a) establishment of a functioning HIS, b) increased immunization coverage of one year olds to 80%, c) increased TT coverage of women 15-45 years to 60%, d) 25% of under five children with diarrhea treated with ORT, e) 80% of under-threes attending itinerant team clinics will be regularly weighed and those at-risk receive follow-up visits, f) 50% of births assisted by trained TBA or medical staff, g) 10% of eligible couples using temporary contraceptives, and h) 50% of mothers groups and 80% of health workers (TBAs) have basic literacy skills.

The project will run from October 1, 1991 to September 30, 1994.

PROGRAM DESCRIPTION FOR NEPAL

PROJECT, DESIGN/DURATION

The duration of this project is 36 months, from October 1, 1991 to September 30, 1994.

The primary goal of the project is to reduce infant and child mortality in Ilaka 4 and 5 of Siraha District through strengthening of the Ministry of Health system and mobilization of the community.

OBJECTIVES/OUTPUTS

The following objectives will be achieved by the end of the project at September 1994:

- 1) A functioning HIS (in concert with the MOH system) implemented by CHVs, VHWs and health post staff will be in place in two ilakas.
- 2) 25% of under-five children with diarrhea will be treated with Jeevan Jal.
- 3) 80% of families with under-five children will know the recipe of Jeevan Jal.
- 4) 80% of children under 12 months will be fully immunized against BCG, DPT, Polio and Measles by MOH norms.
- 5) 80% of children between 13 months and 36 months will be immunized against measles by MOH norms.
- 6) 60% of women of childbearing age will be immunized against tetanus per MOH norms.
- 7) 60% of mothers will be competent in the preparation and feeding of appropriate weaning foods to infants at an appropriate age.
- 8) 80% of under-three year old children attending assembly points and health posts will be regularly weighed, at least quarterly, and 80% of at-risk children will receive follow-up visits.
- 9) 50% of at-risk pregnant women will receive at least two ante-natal check-ups.
- 10) 50% of births will be assisted by trained TBAs or medical professionals.

- 11) 10% of eligible couples will be using temporary methods of contraception.
- 12) 80% of CHVs (TBAs) and 50% of mothers groups members will have basic literacy skills.
- 13) 95% of VHWs and 80% of CHVs will be competent to early detect cases of ARI and refer them to the health post for treatment.
- 14) IEC materials will be developed and used for health education and promotion in the community.

Proposed Project Interventions include:

Diarrheal Disease Management - Train CHVs, VHWs and mothers groups in how to train families in Jeevan Jal preparation and use, in importance of continued breastfeeding and extra feeding during recovery and in recognition and referral of severe dehydration cases. Ensure adequate supply of Jeevan Jal is available at the community level. Train CHVs, literacy groups and mothers groups in appropriate hygiene, emphasizing handwashing and basic sanitation. (20%)

EPI - Provide refresher training to VHWs and health post staff in cold chain maintenance, sterilization, immunization procedures and supervision techniques. Promote increased outreach through bicycle provision to VHWs. Train CHVs and mothers groups to motivate families to attend immunization clinics. Train members of literacy groups and mothers groups in importance of timely and complete immunization. Assist DPHO to strengthen communicable disease surveillance system. (15%)

Nutrition and Growth Monitoring - Identify and develop appropriate weaning foods using local ingredients. Train CHVs, VHWs, mothers groups and health post staff in use of appropriate weaning foods and supplementary foods, and in motivating mothers to have their children weighed regularly. Provide refresher training to health post staff and VHWs in growth monitoring (weight for age) and provide scales to VHWs. Promote kitchen gardens and use of green vegetables through other SC projects. Coordinate VAC distribution with Eye Hospital Field Worker. Ensure iron is available for anemic women. (20%)

<u>Maternal Health</u> - Provide refresher training to TBAs. Train CHVs, VHWs and mothers groups to motivate mothers to seek ante-natal and post-natal care and to recognize at-risk pregnant women. Encourage TBAs and mothers groups to assisc at assembly points. Train above groups plus literacy group members in family planning. (20%)

<u>Literacy</u> - Provide basic literacy training to all CHVs and mothers group members with a focus on health education. Encourage post literacy activities. (15%)

<u>ARI</u> - Train VHWs, CHVs and mothers groups to recognize symptoms of ARI and to seek treatment. Encourage use of smokeless stoves. (5%)

<u>Health Education</u> - Develop IEC materials on health education for use by health workers for families. Explore use of drama, films and focus groups. (5%;

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	12 Estimated Financin	g (A detailed budget in suppo	ort of column (2) is a	trached as Attachment No	o		
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^{*}See HB 3, Sup. A, App. C, Att B, for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action.